

## LIGHT FIGHTERS SCHOOL'S PERSONNEL DATA SHEET FOR AIR ASSAULT SCHOOL Note: Failure to print legibly will result in incorrect orders/certificates



first name_	·	MI	SSN
RANK	UNIT		UIC
DOB	Place of Bi	irth(city & s	tate)
			CLL PHONE #
	DUTY	POSITION_	and a second
c MARRIED(circ	le YES or NO	PROFILE(	circle YES of NO)
			NO)if yes date
Prior Hot Weat	her Injury(cir	cle YES or l	NO)if yes date
Class Notificati DID YOU VOLU	ion Date_ JNTEER FOR 1	PreparHIS COURS	eration Time Given E(circle YES or NO)
AKO/Military I	E-mail	1 7 3 1 2	
			Allergies
FIRST LINE SU	PERVISOR or	SPONSOR'S	NAME
CELL PHONE #			WORK #
WERE YOU BR START OF THE			Hools NCO BEFORE THE NO)
			OULD PREVENT YOU FROM or NO) if yes please explain
EMERGENCY C	CONTACT INF	ORMATION(	(name, address and phone #)

PRESCRIBING DIRECTIVE: USA REG 635-200 DATA REQUIRED BY THE PRIVACY ACT OF 1974
AUTHORITY TITLE 10, USA 301 (C) & TITLE 5, USA 301 FL 93-579, SEC A2 & EO 9397.
PRINCIPLE PURPOSE: TO PRIVIDE LIGHT FIGHTERS SCHOOL WITH INFORMATIONAL DATA UPON PERSONNEL ARIVAL.
ROUTINE USES: PREREQUISITE COUNCELING SESSION UP USA REG 635-200. COMPLETED DURING THE INTIAL COUNCELING SESSION WHEN A SOLDIER REPORTS FOR DUTY. IT IS USED BY SUPERVISORS TO OBTAIN INFORMATION NECESSARY TO INSURE THE SOLDIER IS PROPERLY CARED FOR, MANAGED ETC. THE SSN IS USED FOR POSITIVE IDENTIFICATION PURPOSES ONLY.
DISCLOSURE IS VOLUTARY. REFUSAL TO FURISH DATA WILL NOT INITIATE ADVERSE PERSONNEL ACTIONS, BUT WILL HAMPER LIGHT FIGHTERS SCHOOL IN PROVIDING THE SUPPORT, COUNCELING AND ASSISTANCE REQUIRED.